

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 1:02

**DOCUMENT #**

L97-1118

**1. Limited Liability Company's Name**

THE BREADBOX, L.C.  
L97000001118

REINSTATEMENT 2000

**2. Principal Office Address**

316 S. NINE DR.

Suite, Apt. #, etc.

City & State

PONTEVEDRA BEACH, FL

Zip

32082

Country

US

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

APR, 1997

**6. FEI Number**

593488219

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

LLOYD W. HAGER

Street Address (P.O. Box Number is Not Acceptable)

316 S. NINE DR.

Suite, Apt. #, Etc.

City

PONTEVEDRA BEACH

State

FL

Zip Code

32082

100003465061-3

-11/16/00-01001-005

\*\*\*\*150.00 \*\*\*\*150.00

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*Lloyd W. Hager*

REGISTERED AGENT MUST SIGN

Date 10/16/00

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Hager, Lloyd	Same	

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Signature of  
Managing Member/Manager

*Lloyd W. Hager*

Date 10/16/00

Daytime Phone #

904 273 2549  
904.306.9404

Typed or printed name of signing Managing Member/Manager